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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/774,968 | <b>FILING OR 371(c) DATE</b><br>02/09/2004<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY DOCKET NO.</b><br>Walters 1 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 05/06/2004

|   |   |                       |                    |                         |
|---|---|-----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>MI                            | SHEETS DRAWING<br>3   | TOTAL CLAIMS<br>11 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                       |                    |                         |
| Verified and Acknowledged   | Examiner's Signature<br><i>Michael D. Wiggins</i> | Initials<br><i>mw</i> |                    |                         |

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**TITLE**

Lotion applicator

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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